

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

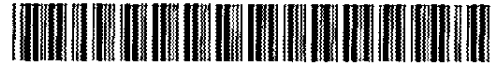
DOCUMENT # P97000084088

1. Entity Name
SOLOMON INSTITUTE CORPORATION



Principal Place of Business
**7221 CORAL WAY
STE 210
MIAMI, FL 33155 US**

Mailing Address
**8151 SW 90TH AVENUE
MIAMI, FL 33173**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0787559

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MEYER, B N
8151 SW 90 AVE
MIAMI, FL 33173**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAMOS, RICHARD
7221 CORAL WAY STE 210
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEYER, HENRY W
8151 SW 90TH AVENUE
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEYER, B
8151 SW 90 AVE
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAMOS, N F
7221 CORAL WAY STE 210
MIAMI, FL 33155**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000007136
01/20/04-80009-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRENDA MEYER 1/08/04 3052197917